

VOLUNTEER'S COPY

Workers' Compensation

Refer to: Lake County Board of County Commissioners Policy [LCC-71](#) and Procedure [ES-5.02.01](#).

Lake County has a duty to provide employees with procedures for reporting and obtaining medical treatment for on-the-job injuries and/or illnesses.

Supervisors should provide a print out of this specific information to the employee seeking medical attention for an on-the-job injury and/or illness.

If a Lake County employee has an on-the-job injury or illness, the following steps should be taken:

A. Emergency Medical Treatment:

1. The employee (or employee witness) will notify the supervisor as soon as possible if the injury/illness requires emergency medical treatment and is considered life-threatening.
2. In the event of a life-threatening injuries or illnesses, someone should call **911** immediately. Employees with life-threatening injuries or illnesses should be transported to an urgent care facility/hospital by ambulance. If unsure whether a medical condition is a life-threatening emergency, 911 should be called.
3. If possible, the supervisor will complete a [First Report of Injury or Illness](#) form and provide a copy of this form to the employee to present to the Urgent Care Facility (e.g., hospital) providing emergency medical treatment. (Refer to Section C – Lake County Workers' Compensation Reports/Forms.)

When possible, supervisors are responsible to ensure that all reports are provided to employee(s) and witness(es), completed, signed, collected, and submitted as an original complete packet (First Report of Injury or Illness, Injury/Illness Report – Supervisor Investigation, Injury/Illness Report – Employee Statement, and if needed a Incident Report – Witness Statement) to the Office of Employee Services immediately following an incident.

4. If the employee or supervisor has any questions, they should contact the InterCare (Lake County's managed healthcare company) Case Manager, who is available Monday through Friday, from 8:00 - 4:30 p.m. at (800) 431-2221 ext. 4460, or 24 hours a day, 7 days a week at (800) 929-0107.

Examples of life-threatening injuries or illness include, but are not limited to:

1. Unconsciousness
2. Broken bones
3. Sudden dizziness or difficulty seeing
4. Severe abdominal pain
5. Trauma or injury to the head
6. Partial or total amputation of a limb or extremity
7. Persistent pain or discomfort in the chest or arms
8. Not breathing or having trouble breathing
9. No signs or lack of circulation
10. Severe bleeding
11. Seizures that are unusual, prolonged or multiple, last more than 5 minutes, result in injury or occur in someone who is pregnant or diabetic
12. Drug overdose
13. Eye injuries
14. Gunshot, knife or other weapons wound
15. Accidents such as falls or involving motor vehicles
16. High fever (greater than 101°F) with a severe headache and a stiff neck

B. Non-Emergency Medical Treatment:

1. If the injury/illness does not require emergency medical treatment and the injury/illness is not considered life threatening, the employee will notify the supervisor immediately. (If unsure whether a medical condition is a life-threatening emergency, 911 should be called.)

2. The supervisor and employee should work together to complete the [First Report of Injury or Illness](#) form and provide a copy of this information to the employee, which the employee will present to the Healthcare Provider. (Refer to Section C – Lake County Workers' Compensation Reports/Forms.)

Supervisors are responsible to ensure all reports are provided to employee(s) and witness(es), completed, signed, collected, and submitted as an original complete packet (First Report of Injury or Illness, Injury/Illness Report – Supervisor Investigation, Injury/Illness Report – Employee Statement, and if needed a Incident Report – Witness Statement) to the Office of Employee Services immediately following an incident.

3. If the employee or supervisor has any questions, they should contact the InterCare (Lake County's managed healthcare company) Case Manager, who is available Monday through Friday, from 8:00 - 4:30 p.m. at (800) 431-2221 ext. 4460, or 24 hours a day, 7 days a week at (800) 929-0107..
4. The employee should use the authorized Healthcare Provider for non-emergency medical treatment.

Express Care of Lake County
2020 Nightingale Lane
Tavares, FL 32778

Phone: (352) 742-1500
Fax: (352) 742-2530 or 742-9024

Hours of Operation:
9:00 a.m. - 6:00 p.m. (Mon., Tues., Thurs., & Fri.)
9:00 a.m. - 5:00 p.m. (Wed)
9:00 a.m. - 1:00 p.m. (Sat.)

[Map and driving directions](#)

- 5.
6. 5. If the injury/illness occurs after the Healthcare Provider's hours listed above, the employee should obtain medical treatment at the nearest Urgent Care Facility (e.g., hospital).

Examples of illnesses/injuries that may not be life-threatening include, but are not limited to:

1. Rashes
2. Upper respiratory infections
3. Sore throats
4. Earaches
5. Headaches
6. Abrasions
7. Lacerations
8. Flu like symptoms
9. Back pain
10. Sprains
11. Minor fracture

Remember: : If you are seeking medical attention from an on-the-job injury or illness after Express Care's normal hours, inform the hospital that the injury or illness is an on-the-job injury or illness. If the hospital is not informed, they will assume it did not happen on-the-job and will forward you the bill. Please use the [EMI e-mail](#) or call EMI (800) 431-2221 ext. 4477 for questions or concerns regarding Workers Compensation claims. Also, if the Workers' Compensation doctor prescribes medication, make sure you have an extra copy of the [First Report of Injury or Illness](#) form for the pharmacy.

C. Workers' Compensation Reports/Forms:

Supervisors are responsible to ensure all reports are provided to employee(s) and witness(es), completed, signed, collected, and submitted as an original complete packet (First Report of Injury or Illness, Injury/Illness Report – Supervisor Investigation, Injury/Illness Report – Employee Statement, and if needed a Incident Report – Witness Statement) to the Office of Employee Services immediately following an incident.

The Workers' Compensation Reports can also be obtained through the "Forms" Quick Link.

The [First Report of Injury or Illness](#) and the [First Report of Injury or Illness \(Report Only\)](#) Workers' Compensation reports have been updated to a Word format. The report now has shaded areas to indicate sections employees should fill out, which should also make it easier to complete and save the reports.

In addition, there is also now an [EMI](#) e-mail distribution list to use if you cannot fax the report. Click EMI for the distribution list. This list can also be found on the Global Address List on Microsoft Outlook.

1. **Required:** [First Report of Injury or Illness](#)

1. Supervisor and employee must complete the First Report immediately (or as soon as possible, if an emergency situation) after an injury/illness is reported.
2. Supervisor and employee must sign the original report and make two copies. (One for the Health Care Provider and one for the pharmacy if needed.)
3. The employee presents the copy of the report to Urgent Care Facility or Healthcare Provider. This report serves as authorization for treatment.
4. Supervisor must fax or e-mail ([EMI](#)) the report to EMI, Attn: Barbara Dawson at (772) 220-1637.
5. The original/signed report shall be mailed through interoffice mail or hand delivered to the Offices of Employee Services, Admin. Building, Room 430.

2. **Required if Report Only:** [First Report of Injury or Illness \(Report Only\)](#)

1. Supervisor and employee must complete the First Report of Injury or Illness (Report Only) immediately after an injury/illness is reported.
2. Supervisor and employee must sign the original report.
3. Employee elects not to have medical treatment.
4. Supervisor must fax or e-mail ([EMI](#)) the report to EMI, Attn: Barbara Dawson at (772) 220-1637.
5. The original/signed report shall be mailed through interoffice mail or hand delivered to the Offices of Employee Services, Admin. Building, Room 430.

3. **Required Lake County Injury/Illness Reports/Forms**

Supervisor, employee, and witness must complete the respective report immediately after an injury/illness occurs and/or is reported

1. **Required:** [Supervisor Investigation](#)
2. **Required:** [Employee Statement](#)
3. **Required if Witness(es):** [Witness Statement](#)

The original/signed report shall be mailed through interoffice mail or hand delivered to the Offices of Employee Services, Admin. Building, Room 430.

4. [EMI Grievance Policy and Procedure](#)

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